

VIA FACSIMILE: 703/872-9302

Atty. Docket No. OLI02 P-350

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit : 3724
Examiner : Clark F. Dexter
Applicant : Perry R. DeYoung
Appln. No. : 09/586,943
Filing Date : June 2, 2000
Confirmation No. : 6561
For : AUTOMATIC COVER LATCH AND PRESSURE RELIEF
SYSTEM FOR A DOUGH DIVIDER

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

FAX RECEIVED

Dear Sir:

JUN 26 2003

CERTIFICATION OF FACSIMILE TRANSMISSION

GROUP 3700

I hereby certify that the following papers are being transmitted by facsimile to the Patent and Trademark Office on the date shown below:

1. Claims as Amended (in duplicate, 4 pages)
2. Response (16 pages)

YOU SHOULD RECEIVE A TOTAL OF 21 PAGES (INCLUDING COVER).

June 26, 2003
Date

Melanie S. Jernberg
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 Alexandria, Virginia 22313-1450

Dear Sir:

Transmitted herewith is a response to the Office Action mailed March 26, 2003 in the above-identified application.

Any fee for additional claims has been calculated as shown below:

CLAIMS AS AMENDED

	Col. 1		Col. 2	Col. 3	Small Entity		Other Than A Small Entity	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	Rate	Add'l Fee
Total Claims	*62	Minus	**62	=0	x \$9	\$0	x \$ 18	\$
Independent Claims	*6	Minus	***6	=0	x \$42	\$0	x \$ 84	\$
First Presentation of Multiple Dependent Claims \$140						\$0	x \$280	\$
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$0		\$

Applicant : Perry R. DeYoung
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Page : 2

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3
- ** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

1. Small entity status of this application 37 CFR §§1.9 and 1.27 has been established by a verified statement previously submitted or is enclosed.
2. No additional fee is required.
3. A check in the amount of \$____ is attached.
4. Please charge any additional fees or credit overpayment to Deposit Account No. 16 2463. A duplicate copy of this sheet is attached.

PRICE, HENEVELD, COOPER,
DEWITT & LITTON

6/26/03
Date

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W Hart

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Dear Sir:

RESPONSE

In response to the Office Action mailed March 26, 2003, Applicant responds as follows.

In the Claims:

Please amend claims 34 and 60 as follows.

34. (Twice Amended) The food press of claim 18, further comprising:
an actuating mechanism for driving the press plate towards the lid when activated;
wherein the latch assembly is automatically deactivated to discontinue maintaining the
lid in the closed position when the actuating mechanism is not activated.

60. (Amended) The food press of claim 50, further comprising:
an actuating mechanism for driving the press plate towards the lid when activated;
wherein the closure mechanism is automatically deactivated to discontinue maintaining
the lid in the closed position when the actuating mechanism is not activated.